



## Tuba City Regional Health Care Corporation

Attn: Human Resources Department  
167 N. Main Street, P.O. Box 600  
Tuba City, Arizona 86045-0600  
Phone: (928) 283-2432

# Application for Employment

The Tuba City Regional Health Care Corporation is committed to equal opportunity employment. In accordance with the Navajo Preference in Employment Act (NPEA) (15 NNC 601, et seq., and federal law including 25 USC 450e) and the Indian Preference Act (Title 25 U.S. Code, Section 472 and 473), preference in filling vacancies is given to qualified Navajo/Indian candidates. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

**\*\*Please complete all sections on both sides and sign this form.  
Incomplete or illegible applications will not be processed.\*\***

**PLEASE PRINT or TYPE CLEARLY**

Date of Application \_\_\_\_\_

Position applied for \_\_\_\_\_

Position #: \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone #(\_\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone #(\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If necessary, best time to call you \_\_\_\_:\_\_\_\_ ☐ AM ☐ PM

Do you claim Navajo/Indian Preference? ☐ No ☐ Yes -

☐ NAVAJO ☐ LEGAL SPOUSE OF NAVAJO

☐ OTHER TRIBE \_\_\_\_\_

(If yes, attach copy of CIB, tribal membership card or other documentation.  
Also if no proper documentation is attached, your application will not be  
given Navajo/Indian Preference)

May we contact you at work? ☐ Yes ☐ No If yes, work number and best time to call (\_\_\_\_\_) \_\_\_\_:\_\_\_\_ ☐ AM ☐ PM

If you are under 18 and it is required, can you furnish a work permit? ☐ Yes ☐ No ☐ N/A If no, please explain: \_\_\_\_\_

Have you ever been employed here (TCRHCC) before? ☐ Yes ☐ No.....If yes, give date(s): From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country? ☐ Yes ☐ No Date available for Work: \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No Will you work overtime if required? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Can you perform the essential functions of this job with or without reasonable accommodations? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_  
(If you have not reviewed a copy of the job description, please ask to do so before answering this question)

Do you have any relatives employed here (mother, father, sibling, aunt, uncle, grandparent)? ☐ Yes ☐ No If yes, state name, department and relationship.

## A DRUG AND ALCOHOL-FREE WORKPLACE

How did you hear of this job vacancy? ☐ In-House ☐ Newspaper \_\_\_\_\_ ☐ Radio \_\_\_\_\_ ☐ Internet \_\_\_\_\_  
☐ TCRHCC Employee Name \_\_\_\_\_ ☐ Other \_\_\_\_\_

## Employment History

Provide the following information of your current employment(s) and past employment(s). Include all assignments or volunteer activities relevant to the position applying for, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below. **Information must be completed below even if resume is attached. Do not write "see resume", this is considered incomplete.**

Employer Name & Address		Telephone#	Dates Employed		Summarize the Type of Work Performed and Job Responsibilities
			From (MM/YY)	To (MM/YY)	
Starting Job Title		Final Job Title	Hourly Rates/Salary Starting		
			\$	Per	
Immediate Supervisor and Title		Hourly Rates/Salary Ending			
Reason for Leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
		\$	Per		

Employer Name & Address		Telephone#	Dates Employed		Summarize the Type of Work Performed and Job Responsibilities
			From (MM/YY)	To (MM/YY)	
Starting Job Title		Final Job Title	Hourly Rates/Salary Starting		
			\$	Per	
Immediate Supervisor and Title		Hourly Rates/Salary Ending			
Reason for Leaving					
		\$	Per		

Employer Name & Address		Telephone#	Dates Employed		Summarize the Type of Work Performed and Job Responsibilities
			From (MM/YY)	To (MM/YY)	
Starting Job Title		Final Job Title	Hourly Rates/Salary Starting		
			\$	Per	
Immediate Supervisor and Title		Hourly Rates/Salary Ending			
Reason for Leaving					
		\$	Per		

Employer Name & Address		Telephone#	Dates Employed		Summarize the Type of Work Performed and Job Responsibilities
			From (MM/YY)	To (MM/YY)	
Starting Job Title		Final Job Title	Hourly Rates/Salary Starting		
			\$	Per	
Immediate Supervisor and Title		Hourly Rates/Salary Ending			
Reason for Leaving					
		\$	Per		

**Comments:** Including explanation of any gaps in employment : \_\_\_\_\_

## Skills and Qualifications

Summarize and special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## Educational Background

List last three (3) schools attended, starting with most recent. (If no degree, show semester hours credited)

School & Address	Dates Attended (Month/Year)	Degree, Diploma earned (Month/Year)	GPA, Class Rank Sem Hrs	Major Field of Study	Minor Field of Study (If applicable.)
High School		<input type="checkbox"/> Diploma <input type="checkbox"/> GED			
College					
College/ Graduate School / Spec Trng/ Vocational-Tech School					
College/ Graduate School / Spec Trng/ Vocational-Tech School					
College/ Graduate School / Spec Trng/ Vocational-Tech School					

## Licensures/Registration/Certification (attach copies of current license/registration/certification)

Type of License (s)	Registration/License Number(s)	Expiration Date	State

## Professional References

List name and telephone number of three businesses and/or work references.

Name & Address	Telephone	Number of Years Known

## Additional Information

**List professional, trade, business or civic associations and any offices held.** Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

Organization	Offices Held

**List special accomplishments, publications, awards, etc.** Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

List any additional information you would like us to consider.

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me.

I understand that this application is **valid only** for the position applied.

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the CEO.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I will also be required to complete a criminal background check and pre-employment drug screening. Employment will be contingent upon the results of the background check and the drug screening.

Tuba City Regional Health Care Corporation espouses a Drug and Alcohol-Free Workplace policy. All prospective employees, after a job offer has been made, will be drug tested as a condition of employment.

I also understand that immunization requirements are need for condition of employment for all persons born after December 31, 1956 and must provide proof of immunity to Rubella and Measles. Serology testing to confirm immunity and/or immunizations will be provided free of charge. Special consideration may be allowed to individuals, who are allergic to a component of a vaccine, have a history of severe reaction to a vaccine, or who are currently pregnant.

I understand that only the Chief Executive Officer (CEO), Human Resources (HR), or Hiring Official (Sr. Leader, Dept Head, or Supervisor/Manager), with approval from HR, is authorized to extend an offer of employment on behalf of TCRHCC and that no other offers of employment are valid.

**\*\*DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.\*\***

***I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.***

Signature of Applicant\_\_\_\_\_

Date\_\_\_\_\_

**NOTE: It is important that the application be fully completed and additional information provided if needed.**

Applicants who submit incomplete applications will be given credit only for the information they provide and may not, therefore, received full credit for their Navajo/ Indian Preference, education, training, and/or experience.



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**THE FRONT & BACK PORTION OF THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS**

### Declaration for Employment

*Indian Child Protection Act (PL 101-630)*

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

#### Background Information

Federal law requires an investigation of the character and criminal background of each individual who is employed, or is being considered for employment, in a childcare position or a position with duties and responsibilities that involve regular contact with or control over Indian children pursuant to the Indian Child Welfare Act of 1978.

The check shall include a search of the criminal history repositories of all states that an employee or prospective employee lists as current and former residences in an employment application.

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal Child Care position contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or the charge. Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for position in the Department of Health and Human Services that involves regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

#### Please Make Sure Both Questions Are Answered

- 1) Have you ever been arrested for or charged with a crime involving a child? ☐ Yes ☐ No

If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

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- 2) Have you ever been found guilty of, or entered a plea of no contest (nolo contendere) or guilty to, any felonious offense or any of 2 or more misdemeanors offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? ☐ Yes ☐ No

If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

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***I certify that my response to these questions is made under Federal penalty of perjury, which is punishable by fines of up to \$10,000 and/or 5 years imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any adverse information that may disqualify me from employment.***

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

ORIGINAL SIGNATURE AND CURRENT DATE ARE REQUIRED ~ TELEFAXED COPIES WILL NOT BE

**LEGAL – FAILURE TO ANSWER ALL QUESTIONS, INCLUDING ALL PAST AND CURRENT CONVICTION, GUILTY VERDICT, OR NO CONTEST PLEA INFORMATION, IN THIS SECTION WILL RESULT IN THE APPLICATION BEING REJECTED, OR, IF HIRED, IN YOUR EMPLOYMENT BEING TERMINATED. The information that I have provided in this section is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact can be justification for refusal of employment, or, if already employed, termination.**

Have you ever been convicted of, or been found guilty of, or entered a plea of nolo contendere (no contest), or guilty to ANY crime(s)--felonies or misdemeanors? ☐ Yes ☐ No If yes, list all and provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved:

Answering "YES" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Are you listed on the Cumulative Sanction List of the Office of the Inspector General or Government Services Administration (OIG, GSA) Exclusionary List? ☐ Yes ☐ No If yes, explain:\_\_\_\_\_

Are you currently debarred or sanctioned from doing business with the federal government of any of its agencies or programs? ☐ Yes ☐ No If yes, explain:\_\_\_\_\_

Have you ever been debarred or sanctioned from doing business with the federal government of any of its agencies or programs? ☐ Yes ☐ No If yes, explain:\_\_\_\_\_

Are any changes or disciplinary actions or sanction pending against you by any federal or state law enforcement, regulatory or licensing agency? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

**The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.**

**PLEASE PRINT or TYPE**

Print Full Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Other names used: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Drivers License or State ID Card #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(List last 7 years only) \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_